

4496

ANNUAL REPORT

TO THE

CITY OF BIRMINGHAM EDUCATION COMMITTEE

OF THE

SCHOOL MEDICAL OFFICER

GEORGE A. AUDEN, M.A., M.D. (Cantab.), D.Phil. (Birm.),  
F.R.C.P. (Lond.), D.P.H. (Camb.),

INCLUDING THE REPORT ON THE  
SPECIAL SCHOOLS

BY

A. P. THOMSON, M.C., M.D., M.R.C.P.,

FOR THE

YEAR ENDED 31st DECEMBER, 1926.

*In accordance with Circulars 576 and 596  
of the Board of Education.*

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BIRMINGHAM :  
Buckler & Webb Ltd., Church Street.



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# CONTENTS.

## ELEMENTARY, SECONDARY & NURSERY SCHOOLS.

	PAGE
Introduction	5
Tonsil and Adenoid Clinic	9
Aural Clinic	9
Dental Treatment	13
Verminous Conditions	14
Remedial Exercises Clinics	16
Provision of Spectacles	17
Camp Schools	17
Nursery Schools	18
Home Visits by School Nurses	20
Rheumatic Infections	21
Infectious Diseases	22
Encephalitis Lethargica	25
Research	27
Secondary Schools	29
Pupil Teacher Centre	30
Juvenile Employment and Welfare	31
Tuberculosis	31
Deaths in Children of School Age	32
Miscellaneous Work	33
Conclusion	33

## SPECIAL SCHOOLS.

Medical Inspection and Treatment	36
Schools for the Mentally Defective	36
Schools for the Physically Defective	37
Baskerville Residential School	38
Open-Air Schools	39
Schools for the Partially-Blind	40
Summer School	42

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Official Tables	43
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# ANNUAL REPORT

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GEORGE A. AUDEN, M.A., M.D. (Cantab.), D.Phil. (Birm.),  
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For the Year ended 31st December, 1926.

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## ELEMENTARY, SECONDARY & NURSERY SCHOOLS.

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The amount of work accomplished by the School Medical Service during the past year can perhaps best be gauged from the summary tables given at the end of this report. These show that, looked at from the point of view of general activity, there were a larger number of routine medical inspections in both Elementary and Secondary Schools (44,364 and 5,710 respectively) and a larger number of children who received dental treatment (34,190) than in any previous year. This is also true of the numbers treated for minor ailments (18,177) and for diseases of the ear, while the number of children operated upon for tonsils and adenoids only fell short by fifteen of the record number for 1925. More examinations than ever were made for cleanliness of the person (312,242). These figures, however, great as they are, by no means give a complete picture of the manifold activities of the Medical and Surgical Staff, and none of the amount of clerical work which its orderly organisation entails. They probably represent the high watermark of output from a staff of the present size. To meet any further increase and growth additions to the staffs of the different departments of the work will be necessary.

The number of children on the rolls of the Elementary Schools at the end of the year was 145,456, and the number of places in the Secondary Schools which come under medical inspection was 7,018. It will be noted that the percentage of individual children (Table ii.b) found at medical inspection to need some form of treatment was 28.28. This high percentage cannot be regarded with complacency, for although doubtless a large proportion of the conditions found were more or less temporary or trivial, yet it reveals an aggregate of unhealthy bodily conditions which is disquieting in view of the enormous sums which are yearly spent in the promotion of healthy living. The percentage in each age group shows no marked disparity, and the "intermediates" and "leavers" show practically the same proportion of defects as do the "entrants."



The outstanding feature in the development of the School Medical Service during the past year has been the opening of the new Clinic in Sheep Street. The general plan of the building and a description of the possibilities which it offers were given in the report for last year. The formal opening of the Clinic afforded an opportunity for a public ceremony on the 30th September, at which an address was given by Sir Humphry Rolleston, K.C.B., M.D., Regius Professor of Physic at Cambridge, on the subject "The Functions of the School Clinic."

The change from the totally unsatisfactory basement premises in Gem Street, which for thirteen years had served the purpose of a Clinic, to the pleasant and convenient building in Sheep Street is already bearing fruit in an added prestige of the Medical Service amongst those for whose benefit the Clinic has been designed. Many parents, not without reason, hesitated to take their children to the crowded passage which did duty for a waiting room in Gem Street, where, in view of the serious overcrowding, in times of epidemic disease they ran a definite risk of infection. Now, however, the building in Sheep Street, with its ample central waiting hall, suitably heated and ventilated, and pleasantly decorated, gives every inducement to their attendance, while the opportunity of obtaining a cup of tea at a small cost often enlivens the tedium of a long wait. In order to lessen any difficulty of finding their way to the Clinic, especially for those who come from any considerable distance, direction notices have been fixed to the street lamps in neighbouring main streets. Owing to the financial stringency of the times there has been no addition to the Medical or Dental Staff, and accordingly this Clinic is at present shorn of the opportunity of developing its full usefulness. This applies with special force to the Dental Department, where an additional Dental Officer is already needful to cope with the work. The Dental Room offers accommodation for three Dental Officers, and there is little doubt that two officers working together can accomplish a greater output of work than when working independently.

The equipment of this Clinic marks an important step forward towards a complete constructive scheme of medical treatment of the children who come within the purview of the Local Education Authority. But with the ever-increasing growth of the City, especially in the large house planning schemes now in the course of development, the problem is not static, but one which requires long views as to the ultimate requirements of the child population, and the possible developments of the future.

A short history of the present distribution of the Clinics may not be out of place. The initiation of the first somewhat tentative measures of medical treatment coincided with the extension of the City boundary, and the Education Committee was fortunate in securing for Treatment Clinics the Education Offices which the incorporation into the City of Aston, Handsworth, and Yardley had rendered no longer necessary for their original purpose. These, speaking generally, are admirably placed as centres for the areas which they serve. The Small Heath and Bordesley districts were at that time suitably served by the existing buildings in the Floodgate Street Medical Mission.

For the Moseley and King's Heath district a clinic was opened in the house situated in the King's Heath Park. The inaccessibility of this position caused it to be transferred during the war to some shop premises in Moseley Road, which were but ill-suited to the purposes for which they were required. Accordingly, in 1919, when an opportunity occurred for



the acquisition of a Mission Hall in Alcester street, this was secured and converted into a Clinic, which amply supplies the needs of the Moseley and Balsall Heath districts.

It only remained to make provision for the central portion of the City. This was secured by the building of the Clinic in Great Charles Street on a site alongside the Dental Hospital, where arrangements had already been made for the hire of the premises every afternoon for a Dental Clinic. This arrangement lasted for several years (until 1917), when it ceased to be practicable, and the dental work was transferred to the Clinic, which, in addition, has allowed the progressive development of the Specialist Departments (viz., Ophthalmic, Aural, and X-ray Clinics).

For the Selly Oak-Stirchley area accommodation for a School Clinic was found in a temporary school building in Fashoda Road, Dogpool, but it was realised that this position was not geographically convenient for many of the schools in the district, and that ultimately a Clinic in a more accessible position would be necessary.

The schools in the area served by this Clinic have hitherto suffered under the great disadvantage that it is placed at the extreme corner of the district which it is intended to serve. In 1914 a piece of ground was acquired in Harborne Lane for the building thereon of a School Clinic, which would meet the needs of the whole district more adequately. The development of the outer circle omnibus route and the extension of the tramway to Rubery has during the past year greatly added to the future possibilities of this site, and an opportunity has now arisen to transfer the Clinic from Fashoda Road Temporary School to an identical building upon it. This transference, which was completed during the Christmas holidays, will have the great advantage in that it can be regarded as an experimental test of the suitability of the site to serve a widely scattered district, before any Clinic building of a permanent character is placed upon it.

The schools served by the School Clinic held in the buildings of the Medical Mission in Floodgate Street have been in a similar position. This Clinic is only convenient for a small group of schools, and the great growth of the City in an easterly direction makes it inevitable that sooner or later new provision must be made further outwards towards the new and ever-increasing population on this side.

The new Clinic at Sheep Street and the proximity of Alcester Street Clinic would supply the needs of a number of schools at present attached to Floodgate Street Clinic, while the remainder would find a Clinic further away not less convenient than the present position.

The accommodation at Greet Clinic has been greatly improved during the past year by the addition of an extra room for treatment of minor defects.

Housing developments at Perry Common and Perry Barr have brought an increased school population there, the needs of which are now met by Aston Clinic through the introduction of the No. 5 omnibus route.

The Hygiene Sub-Committee has, during the year, devoted careful attention to the whole question, and from the above account it will be seen that not only are the needs of the present City being met, but that, so far as can be foreseen at present, provision is being made for future needs and eventualities consequent upon the progressive growth of the City.

The main bulk of the treatment accomplished may be gauged from the following summary :—

Tonsil and Adenoid Operations ... ..	1,446
Mastoid Operations ... ..	40
Children treated by Ionization (for Otorrhœa)...	125
Refractions for Eye Defects ... ..	3,798
X-Ray Treatment of Ringworm ... ..	218
Minor Ailments Treatment ... ..	17,959
Children treated for Dental Defects ... ..	34,190

It must be remembered, moreover, that a very large number of ailing children are referred directly by the Medical Staff to the various Voluntary Hospitals, or find their way thither as the direct outcome of the findings of medical inspection. Of the total number who receive treatment in this way it is impossible to obtain any accurate data. Dr. F. Ellis, Chief Medical Officer to the Board of Guardians, reports that during the year ended December 31st, 1926, a total of 2,368 children between the ages of 3—15 were received into the Dudley Road and Selly Oak Hospitals. In addition to the above, the Children's Charities Fund of the Birmingham Branch of the National Union of Teachers during the last year distributed 3,149 hospital notes, and made grants towards boots and clothing for the needy children attending the Elementary Schools of the City. In addition to providing outfits for the girls attending the Camp School at Blackwell, a sum of £500 has been contributed towards the establishment of a permanent Camp School for boys at Bell Heath.

Among other voluntary agencies working in close co-operation with the Medical Department may be mentioned the Society for the Care of Invalid Children, which provides for those suffering from rheumatism chorea and heart disease. Mr. Frank Mathews, Hon. Secretary, has supplied the following information :—

“ Fifty children are at present away, and fifty who have been sent away during the past four years are under after-care supervision. We have lost sight of a number of children owing to the refusal of the parents to allow them to be treated sufficiently long. The time of stay is steadily lengthening, and practically every child with whom the Society deals goes away for at least eighteen months. Of the fifty children under care, six had been in hospital for periods of 5, 6, 7, 9, 11 and 14 months before being boarded out.”

From the details supplied concerning these fifty cases at present under treatment, the actual total length of boarding out in hospitals, convalescent homes or private homes up to the middle of January reached the total of 39 years, *i.e.*, an average of eight months each for unfinished cases. This figure shows the magnitude of the problem of the treatment of the rheumatic child, in view of the fact that it may be safely estimated that there are 2,000 such children in the City.

Miss Abrahams, the Honorary Secretary of the Children's Country Holiday Society, reports that during the past year 1,870 children were sent away into the country for convalescence or holiday, of whom 126 were sent on special medical grounds on the recommendations of the officers of the School Medical Service. 929 children were sent away for a holiday on the recommendation of head teachers.

The installation of Quartz Mercury-Vapour Lamps at two of the School Clinics will without doubt prove a most valuable adjunct in the treatment of weakly and debilitated children, indeed, the general experience throughout Europe and America seems to warrant the belief that this simple and inexpensive method will prove to be one of the most

powerful means we possess in combating debility and malnutrition under modern conditions of urban life. Pending this installation a number of children received treatment during the past year at the Artificial Sunlight Clinic, Broad Street, through the kindness of Miss Passmore.

### TONSIL AND ADENOID CLINIC.

During the past year 1,446 children underwent operation for the removal of tonsils and adenoids, *i.e.*, fifteen less than in the previous year (1,461), which was the highest yearly figure yet reached since the opening of the Clinic in October, 1913. The operation has been performed on 17,234 children.

In 72 cases there was no adenoid growth, and in 27 tonsillar enlargement was absent. In 10 cases only was there subsequent hæmorrhage, one of which caused some anxiety on account of evidence of shock.

The Secretary of the Ear and Throat Hospital states that during the year 1,041 Birmingham children of school age were operated upon at that Institution. A very large number of these operations were the result of recommendations by the School Medical Department.

### AURAL CLINIC.

The Aural Clinic has greatly developed since the appointment of the Aural Surgeon for two sessions a week and the allocation of a whole-time School Nurse to this department. The total number of dressings by Nurse Marsh was 5,777, and 485 ionisation treatments were carried out.

Mr. Gilhespy, Aural Surgeon to the Committee, has included in his accompanying report a summary of the results of his experience in the operative technique, which is likely to be of great value and interest to those who devote themselves specially to aural surgery.

He reports :—" During the last year, two sessions a week have been devoted by me to the work of the Aural Clinic. The majority of cases have been children with otorrhœa. The employment of the whole time of a Nurse in this department enables children to receive daily dressings, if their homes are sufficiently near to the Clinic to make this practicable. It has been found that this method has been a great advantage in clearing up cases of otorrhœa more quickly than in the past. For this type of work special apparatus—such as reflected light, etc.—is necessary, and this is now possessed by the Aural Clinic. Ionization has played a large part in the treatment of such cases, and for certain cases of middle ear suppuration this form of treatment has found a permanent place. I refer to those cases in which the suppuration is confined to the middle ear, in which the throats are clean, and mastoid disease is not present.

" Forty cases of otorrhœa which have resisted treatment have been operated on at Selly Oak, and are referred to in a later part of this report.

" A type of case which is often found to be resistant to treatment is the slum child with slight nasal catarrh. In some of these cases, which are probably partly constitutional and partly due to their surroundings, the use of ultra-violet light has been tried, but it is as yet too early to speak of the effect of this form of treatment. Further, one is rather handicapped with these children as disease of the nasal accessory sinuses has to be excluded, and it is often difficult to do this without administering an anæsthetic, for which at the present moment we have no facilities at the Clinic.



" During the last year forty children have been operated upon at Selly Oak Hospital. All these children were suffering from chronic otorrhœa, which had resisted treatment at the Aural Clinic, and in most cases had received treatment also at the hospitals. In seven patients a Schwartze mastoid operation was performed, resulting in six dry ears (in two patients a double operation was done); in ten the conservative radical mastoid resulted in seven dry ears, and in seventeen a radical mastoid operation gave nine successes. Four cases are still in hospital.

" The Schwartze operation was used in seven patients with suppurative otitis media, but nine operations were performed, as in two cases the disease was bilateral. This operation is generally only practised in acute or subacute cases of suppurative otitis media, but was tried to ascertain whether it had a place in the cure of the chronic discharging ear. A saving of time in hospital, with a shorter period of after treatment would be achieved by the successful performance of a simple cortical operation instead of a conservative or radical operation. At the operation the mastoid antrum was explored and any diseased bone or cells removed. The aditus, if not considered large enough to ensure drainage for a few days, was enlarged. The ear was syringed through the aditus until the return was clear. The lower part of the wound was left open and a Bipp drain inserted for a few days. No trouble was experienced with the post-aural wound, but the cavities in the mastoid bone were never large. These children, with one exception, had a history of over two years otorrhœa; in many cases the history was much longer. In all the throats had been attended to, and were further examined at the time of the operation. Six dry ears resulted from nine operations.

TABLE 1. SCHWARTZE OPERATION.

Case.	History of Otorrhœa.	Otoscopic Examination.	Findings at Operation.	Previous Treatment.	Result.
1	Since 1 year old.	Large central perforation.	Mastoid diseased.	Nervius child. Ionization not given.	Ear dry.
2	2 years.	Posterior superation marginal perforation.	Debris in attic. Mastoid sclerosed.	Ts. & As. removed Ionization.	Ear dry.
3	Long history.	Central perforation moderate size.	Deep antra in sclerotic mastoid.	Ts. & As. „ Ionization.	Right, dry. Left, moist.
4	Since measles when a baby.	Right granulations. Posterior meatal wall. Left posterior marginal perforation, with polypi.	Antra small and healthy. Debris in attic.	Ts. & As. „	Dry, right and left.
5	3 years since scarlet fever.	Small perforation near umbo.	Diseased cellular mastoid. Large aditus.	Ts. & As. „	Dry.
6	2 years' history.	Posterior superation marginal perforation.	Early cholesteatoma in attic.		No improvement.
7	Doubtful history.	Polypi. Mastoid tenderness.	Very deep antrum.		No improvement.

" In cases 2 and 6 a posterior superior marginal perforation was present. In 2 ionization did not cure the discharge, and antral suppuration was suspected. At 7 operation debris was syringed from the attic and the mastoid bone was sclerosed. The ear dried. In 6 early cholesteatoma was suspected before operation, and was confirmed by finding commencing early cholesteatoma in the attic. The operation did not cure the discharge even at this early stage. Numbers 1 and 3 with central perforations are associated with different conditions in the mastoid bone, and 5 appears to show that there is value in counter drainage through the aditus where drainage through the membrane is inadequate. Simple removal of polypi should have proved efficient in case 4 in the absence of cholesteatoma. I would try this operation again in certain cases of discharge defying ionization, and in which the middle ear cavity appears to become reinfected from the mastoid antrum and in which, at the operation, cholesteatoma was not found.

TABLE II. CONSERVATIVE RADICAL MASTOID OPERATION.

Case.	Otoscopic Examination.	Notes at Operation.	Result.
1	Previous Conservative Mastoid operation.	Incus removed. Grafted antral cavity.	Dry Hearing improved from voice 1 yard to 4 yards.
2	Attic suppuration with polypus.	Incus diseased ; removed	Dry.
3	Posterior perforation.	Incus removed. Mastoid diseased.	Drying (recent case).
4	Large perforation, central, resisted ionization.	Mastoid diseased. Disease in attic.	Dry.
5	Attic suppuration.	Gelatinous material in antrum.	Dry.
6	Attic suppuration.	Cellular diseased mastoid.	Discharging from Eustachian region.
7	Attic suppuration.	Mastoid diseased.	Dry.
8	Attic polypus	Mastoid diseased.	Dry.
9	Attic suppuration.	Flap not cut.	Failure.
10	Attic polypus	Cholesteatoma in attic.	Dry.

" In class 2 in which the conservative mastoid operation was performed, the bridge and outer attic wall were removed and an inferior meatal flap cut. In ten operations the ear was dried in seven cases, with one complete failure and one in which Eustachian discharge is still present. One is under treatment. The indication for operation in seven cases was an attic perforation and discharge, sometimes associated with polypi growing from the attic. The membrana tensa was intact in these cases. In certain cases the incus was removed. Removal of the incus appears to give more room for drainage of the attic contents. The operation appears suitable for cases of attic suppuration, drainage being efficient and the membrane is left undisturbed. Eustachian discharge is less frequent than after the radical operation, but after-treatment is prolonged and often painful, as packing of the cavity must be prolonged if good results are to be obtained.

" In the last group of seventeen cases nine dry ears resulted ; two cases are under treatment still. Eustachian discharge was the cause of failure in two cases in the remaining five. In another a large cavity extending to the tip of the mastoid process could never be completely

cleaned out, and tended to fill with debris. Points which have impressed me in performing this operation upon children are the desirability of having a very large meatal opening and the cutting of a flap from the posterior meatal wall appears the best. Even when a large meatal opening has been made great vigilance must be exercised to prevent contraction. Bleeding from the cavity appears to be more frequent than in adults. Cases which are grafted, if they do well, have an extremely short convalescence. If the graft does not take as a whole, then adhesions are more liable to form than in those cases which have been tightly packed from the commencement. Further, from the shape and smallness of some of these ears a graft is difficult to place, whereas the material of the graft is more suitable than that of an adult. I have been disappointed with ionization as an adjunct to packing in non-grafted cases, but it is of great use in the previous class of conservative mastoid operations. I am struck by the few cases—half-a-dozen—in which cholesteatoma is noted in my operation findings.”

Dr. Burt has made a special investigation into the results of the treatment of otorrhœa in old standing cases :—

Sixty-six old cases of otorrhœa, some of which came under notice as far back as 1920, have been followed up this year : 44 were found to be dry, and 22 still showed discharge.

Of the 44 dry cases, 12 presented such difficulties or complications that I was glad to be able to refer them to Dr. Gilhespy at Great Charles Street Aural Clinic, where they were treated and cured as follows :—

- 3 by dressings. Of two which resisted dressings, one had originally been treated by a Schwartz operation, and was finally cured by a radical operation. The other, tonsils and adenoids having been removed, was cured by ionisation, and is counted in the next group.
- 7 by ionisation. One of these had had two operations for removal of tonsils and adenoids, and also a mastoid operation previously.
- 2 by radical mastoid operations.

On looking up notes of our other cases found dry—7 had dried spontaneously with home cleansing ; 11 had dried after treatment by removal of tonsils and adenoids, carried out in most instances at Handsworth Clinic ; 14 had dried after a more or less prolonged course of dressings at Alcester Street Clinic. The methods in use were :—

- i. Cleansing with hydrogen peroxide, drying with spirit and alcohol.
- ii. Cleansing with hydrogen peroxide, dressing with boric or iodoform powder.
- iii. Cleansing with hydrogen peroxide, and instilling a weak solution of gentian violet and neutral acriflavine—a method mentioned to me at the Children’s Hospital, Toronto, as being specially satisfactory.

I must own that these dressings were employed empirically and often without examination of the membrana tympani. My impression is that the boric and iodoform dressing, on the whole have the best results, but my records are insufficient to show that any one method was superior to another. I believe that it is probable that some of these children who attended for dressings for weeks might have been cured by ionisation in



a few sittings, so that my present policy is to refer all cases which do not show signs of an early cure direct to the Aural Surgeon. Unfortunately, while many parents are extremely grateful, others do not sufficiently appreciate this opportunity, and those who are unlikely to attend the Great Charles Street Clinic are, if possible, dealt with at Alcester Street Clinic.

Of the 22 children who still showed discharge—

10 did not avail themselves of their opportunities for treatment, or failed to attend adequately;

1 is attending the Ear and Throat Hospital again, and

11 received, or are receiving, treatment at the Aural Clinic.

Of these 11—

8 still needed other treatment after removal of tonsils and adenoids.

4 dried by ionisation, but were found to show some discharge again when looked up this year.

5 greatly improved with ionisation, one also being treated by tubal irrigation and a Schwartz operation. These are under observation with a view to further treatment.

N.B.—Some of the eleven are classified under more than one heading.

## DENTAL TREATMENT.

Despite the fact that a larger number of children were inspected and a larger number received treatment and a larger number of attendances at the Clinics were registered, the percentage of the latter to the number found to need treatment (38.9 per cent) was less than in the previous year (43 per cent.). The causes for this disappointing condition are probably complex, though ignorance and apathy appear to be the chief factors. There is still a widely-spread idea that dental treatment consists of one operation only, *i.e.*, extraction, and that until pain or abscess draws attention to a tooth nothing is necessary. This idea proves a great hindrance to the growth of a system of true conservative dentistry and accounts notably for the very considerable number of "casual" cases (14 per cent.) who came up to the Clinic on account of pain, but also in part to the large number of general anæsthetics for extractions (8,412). The proportion of general anæsthetics to the total number treated has been reduced from 25.78 per cent. to 24.8 per cent.

Dr. E. H. Wilkins, Assistant School Medical Officer, has carried out during 1926 a further investigation among children in his area, and has correlated the incidence of dental decay with bony deformities of the chest wall. His report follows :—

## DENTAL DECAY AND RICKETS.

" Last year I reported an investigation comparing the incidence of dental decay in Birmingham and New Zealand school children. Decay was shown to be very much more prevalent in the New Zealand children. The N.Z. figures were taken from schools representative of the country as a whole, while the Birmingham schools under review for the most part included a preponderance of the very poor. In view of the greater intensity and duration of sunshine in N.Z. and the

undoubted greater richness of the N.Z. average dietary in anti-rachitic foodstuffs, these figures appeared to conflict with the view that rickets was a main factor in the production of decay of the teeth.

“ Bearing on this matter I have carried out a further investigation on Birmingham children, correlating the incidence of dental decay with rickets as evidenced by bony deformity of the chest wall. This enquiry is confined to children of the 5 to 6 years old group, in which we are concerned with the temporary set of teeth only. As in the previous investigation, carious, filled and extracted teeth are counted together as representing the number of teeth which had suffered decay. A count was also taken of the number of complete, naturally sound sets or perfect sets of teeth.

Chest Deformity.	Number of Children.	Decayed Teeth.		Perfect Sets of Teeth.	
		Totals.	Averages per Mouth.	Totals.	Percentages.
Nil	135	515	3·8	31	23·0
Very Slight	27	86	3·1	11	40·0
Slight	205	922	4·7	32	15·6
Medium	170	667	3·9	30	17·6
Well-marked	50	278	5·5	5	10·0

“ Taking the five groups in order, from those with well-formed chests to those with increasing degrees of deformity, the corresponding numbers of decayed teeth per child do not at first sight appear to point to any consistent correlation. This is most likely due to the fact that the total numbers are not large enough to give truly representative averages. But when the 1st and 2nd groups are combined as one group, and the 3rd and 4th similarly combined, the irregularities smoothen out. Thus, with increasing degrees of chest deformity the numbers of decayed teeth increase from 3·7 to 4·2 and 5·5 per mouth, and the percentages of perfect sets of teeth decrease from 25·9 to 16·8 and 10·0. These two series of figures tend decisively towards the same conclusion, namely, that rickets predisposes to decay of the teeth, but in view of the irregularities which appear when the three groups are split up into five and the comparatively small number (587) of children examined, I think this conclusion should be regarded as tentative only.

“ It might be noted in passing that, taking all groups together, the average number of teeth which have suffered decay before the age of 6 years is 4·1 per child, and the percentage of perfect sets of teeth in this 5 to 6 year-old group is 18·5.”

### VERMINOUS CONDITIONS.

The improvement in the general cleanliness of the children has been maintained, and 78·92 per cent. of children examined were found to be free from evidence of infection. The percentage for the previous year was 76·81. No less than 1,565 visits to the schools were made by School Nurses for this purpose, an average of eight visits per school. There were 138 prosecutions of parents in respect of verminous children, as compared with 122 in 1925.

The accompanying table shows the satisfactory progress which has been made in this campaign :—

Year.	No. of Examina- tions.	Ova.		Vermin.		Clean.	
		No.	%	No.	%	No.	%
1919	130,513	40,037	30·67	5,880	4·5	84,596	64·81
			35·1%				
1920	205,300	63,556	30·95	10,304	5·01	131,366	63·98
			35·9%				
1921	226,129	74,723	33·04	9,640	4·26	141,766	62·69
			37·3%				
1922	237,376	66,945	28·2	8,648	3·64	161,783	68·12
			31·84%				
1923	245,704	64,976	26·28	8,096	3·29	172,632	70·26
			29·57%				
1924	276,936	58,783	21·2	10,266	3·7	207,887	75·
			24·9%				
1925	217,397	43,810	20·01	6,614	3·08	166,973	76·81
			23·18%				
1926	312,243	54,897	17·58	10,917	3·49	246,429	78·92
			21·07%				

The scheme for the provision at the Clinics for cleansing, of which the parents of lightly infested children might avail themselves, has proved successful. 255 parents made use of the scheme, but this number only imperfectly represents the measure of its real success. It is not always possible for parents to come up during the time when the Clinics are open. Many parents, therefore, who have experienced the advantages of the facilities offered, have obtained the loan of one of the metal combs, and sometimes a small quantity of the special soap, in order to carry out the treatment at home. This loan scheme is very popular, and has extended to many of the schools where one or more metal combs are held on supply and loaned, or hired at a nominal sum, to parents who apply for them.

### SCABIES.

This infection has shown a still further reduction, and only 154 children were found to be suffering. The average length of treatment was twelve days, and there were only seven cases of re-infection. The bath installations are, however, found to be of great value for the treatment of generalised impetigo and similar septic conditions, 800 children being treated for conditions other than scabies. The accompanying table shows the diminished incidence in successive years :—

1918	...	1,139 cases.	1923	...	307 cases.
1919	...	1,202 „	1924	...	213 „
1920	...	976 „	1925	...	187 „
1921	...	675 „	1926	...	154 „
1922	...	452 „			

## RINGWORM.

Dr. Russell Green has, during the year, examined 341 children for diagnosis or treatment, of whom 218 have been treated by X-ray application, and there have been 3 re-exposures. In addition, a number of children have been treated for outside Authorities, viz. :—

Warwickshire ... ..	17
Shropshire ... ..	14
Worcestershire ... ..	10
Shrewsbury ... ..	10
Blind Institution, Edgbaston ... ..	4
Deaf and Dumb Institution, Edgbaston ... ..	1

The apparatus has continued to give very satisfactory results without any interruptions. 17 special skin cases (apart from ringworm) were referred to Dr. Russell Green for diagnosis.

## THE REMEDIAL EXERCISE CLINICS.

The building of the Sheep Street Clinic afforded the opportunity of providing an Orthopædic Clinic completely equipped with all the necessary apparatus. The open space behind the Clinic allows of much of the work, especially the breathing exercises, to be carried out in the open air. The new Clinic is a very real boon to those children whose homes are situate on the north and eastern sides of the City. Many children from Aston and Handsworth, who now attend Sheep Street without risk, were formerly precluded from attending on account of the difficulty and danger of having to cross the centre of the City to John Bright Street. There are, therefore, great possibilities for a considerable development of this remedial work, which is limited at present by the fact that each Clinic is not in use for part of the sessions in each week. The employment of a whole-time Remedial Gymnast at each of the Clinics would extend to a considerably larger number of children the facilities for orthopædic treatment. At the present time the Remedial Gymnast is spending two days each week at Sheep Street and three at John Bright Street. For this reason it is necessary to restrict the Assistant School Medical Officers to a certain number of recommendations for the admission of children, and to attempt to preserve a balance, in the proportion of three to two, as between the recommendations from the south side (John Bright Street) and the north side (Sheep Street). Furthermore, with a whole-time Gymnast at each Clinic, it would be possible to arrange for the daily attendance of patients, and to prolong the course of exercises. Mr. Naughton Dunn has continued to act as Consulting Orthopædic Surgeon, and has examined and recommended suitable treatment for a number of children. Some of these have been transferred to the Associated Cripple Union and Orthopædic Hospital for operation or the provision of special apparatus.

In seven cases X-ray photographs have been taken as an aid to diagnosis. The inception of a more complete association of the various bodies, municipal and voluntary, for a complete and comprehensive scheme which shall cover the whole problem of crippling would do much to reduce the number of physically-handicapped persons in the community.

The following enumeration shows the physical defects which have been under treatment at the two Clinics, but it should be remarked that a very much larger number of children than these figures would appear to indicate have been examined by me at one or other of the weekly Clinics,



where all children are examined who are reported as suffering from some form of crippling by the Assistant School Medical Officers, Infant Welfare Department, private practitioners and school attendance officers.

#### JOHN BRIGHT STREET AND SHEEP STREET, 1926.

Type of Case.	Numbers	
	Admitted.	Discharged.
Spinal Curvature and Postural Deformity ...	18	32
General Muscular Debility ... ..	13	7
Deformities of feet ... ..	24	25
Various types of Paralysis ... ..	2	3
Chest Deformities, Asthma, Stutter ... ..	10	10
Injuries to Limbs ... ..	2	5
Torticollis ... ..	2	3
	<hr/> 71	<hr/> 85

701 children have attended for breathing exercises.

#### PROVISION OF SPECTACLES.

During the year spectacles were prescribed for 3,635 children, and 3,533 pairs of glasses were actually provided. The work was shared between Mr. Archer-Hall, Mr. A. W. Aldridge, and the various Assistant School Medical Officers, and took place at the Clinic in Great Charles Street, and at each of the suburban Clinics.

Mr. Archer-Hall has submitted the following report upon his work :

“ The number of children attending was 660, and in 591 cases it was necessary to prescribe glasses. In a large number of patients, the refraction had altered, and fresh glasses were prescribed.

“ Analysis of the 591 cases shows them to be made up of the following refractive errors :—

Hypermetropia ... ..	85	<i>i.e.</i> 14·3%
Myopia ... ..	34	<i>i.e.</i> 5·7%
Hypermetropic Astigmatism ... ..	325	<i>i.e.</i> 55%
Myopic Astigmatism ... ..	108	<i>i.e.</i> 18·2%
Mixed Astigmatism ... ..	39	<i>i.e.</i> 6·6%

“ In the 591 cases there were no less than 145 children who suffered from squint.

“ As in previous years, I operated upon a considerable number of Clinic patients for squint, congenital cataract, and other ocular conditions at the Birmingham and Midland Eye Hospital. In addition, I transferred the more serious of the 12 cases of external disease to my out-patient department at the Birmingham and Midland Eye Hospital.

“ Nine patients were recommended for education at the Blind Institution and twenty-nine at Schools for the Partially Blind.”

#### CAMP SCHOOLS.

*Boys.*—In 1924 and again in 1925 a Camp School for Boys was held at Canwell Hall, in buildings belonging to the Public Health Committee. Unfortunately, these buildings were not available in 1926, and as other

arrangements could not be made, the Committee were reluctantly compelled to abandon the establishment of a Camp School for Boys during the year under review. It is gratifying to report, however, that, through the generosity of Alderman George Cadbury and Mr. Edward Cadbury, a piece of land at Bell Heath, about one mile from the main Bromsgrove-Stourbridge Road, has been presented to the Corporation for the purpose of establishing a permanent Camp School for Boys. The land is about  $5\frac{1}{2}$  acres in area, and is admirably suited to the purpose for which it is intended. Already, upwards of £2,200 has been subscribed by way of voluntary contributions from interested persons, and the preparation of the plans of the necessary buildings is now in hand.

*Girls.*—The Summer Camp School for Girls at Blackwell, with accommodation for sixty children, was continued through the summer, and closed as such on October 2nd. Arrangements have, however, been made for the permanent building (erected in 1925) to be used during a portion of the winter months, as was done last year. Groups of girls have been selected from a number of schools. They have proceeded to the Camp each alternate Monday, and their stay has ended on the following Saturday week. Thus, they have had a fortnight in surroundings which have proved beneficial to their health, both physical and mental. In the case of the girls staying at the Camp during the winter months, the parents have been invited to contribute a small sum, covering approximately the cost of the food. The total number of girls who attended the Camp School during 1926 (summer and winter) was 780, from 41 schools.

## NURSERY SCHOOLS.

### *Dartmouth Street.*

Dr. Stooke reports :—

“ Nine visits were paid during the year.

“ Thirty children were examined on entering the class and 36 were seen afterwards for specials or re-examinations. Of the 30 entrants 16 were found to show evidence of bronchitis, which was thus even more prevalent than during last year. It is possible that this was due to the coal restrictions and the difficulty in getting the usual supply of heat in the autumn, as it was during these months that the larger proportion were found. Cases requiring further supervision were : enlarged tonsils, 5 ; otorrhœa, 3 ; various skin diseases, 5.

“ As a result of the inspections five children have been provided with glasses, three have had the tonsils and adenoids removed, and three have obtained dental treatment at the Clinic. Three of the children in attendance showed evidence of mild rickets, for which it will be possible to obtain Ultra Violet Ray treatment during 1927.

“ The cases treated by the nurses at the daily morning visits were 73. Miscellaneous cuts, abrasions, etc., 48 ; impetigo, 15 ; otorrhœa, 3 ; external eye diseases, 7. One case of keratitis was referred to the Eye Hospital ; one chronic otorrhœa was referred to the Aural Clinic.

“ The nutrition of these small children on the whole is very good, and the attendance well maintained, there being at times 95 per cent. present.

“ The social conditions are very poor. At least three of the families live in furnished lodgings. Two of these have an upstairs bedroom and share a downstairs sitting room with 10 persons,



" At the time the children were admitted there were—

Fathers out-of-work (six ill) ... ..	12
" Part-time Work ... ..	4
" in Prison, Hospital, etc. ... ..	11
Both parents cripples ... ..	1
" at work ... ..	3
Fathers at work ... ..	6
Mothers at work ... ..	5
" ill. ... ..	5
" widows ... ..	4

" In 14 families there are other children under 5, and in 3 families the children have free meals."

#### *Summer Lane.*

That there has been an unusual amount of infectious disease during the year will be seen from the following figures :—chicken pox, 36 cases; measles, 32; diphtheria, 2; scarlet fever, 1. A considerable amount of minor ailment treatment by the School Nurse has been necessary, especially for septic sores, cuts, burns, etc., impetigo and ringworm.

Thirty children received dental treatment at Great Charles Street Clinic following on dental inspection.

As a result of medical inspection, two children were operated upon for enlarged tonsils and adenoids; one child came under treatment for squint, and one under ultra violet ray treatment for rickets with very marked improvement. Four children have been sent to Moseley Hall Convalescent Home.

Extra milk has been given in the afternoons to those children whose weight is 3·5 lbs. or more below a normal age-weight standard. These children are stated to have shown a marked increase in weight.

The social conditions are generally very poor, as can be judged from the following classification :—

Both parents at work ... ..	7
Father unemployed ... ..	18
Father invalid ... ..	8
Father dead (or missing) ... ..	7
Father working ... ..	32
Mother working ... ..	21
Mother dead (or missing) ... ..	4

790 visits to the homes have been paid by the Nurse.

Mention may also be made of the parents' weekly sewing meetings, at which the mothers are taught to cut out and make up children's garments.

#### *Tiverton Road.*

Three medical inspections were held by Dr. Alexander during the year, at which 106 children were examined. On the whole the condition of the children was satisfactory. Those with rickets and bronchial trouble had improved since admission to the school. Bronchitis was the chief complaint found. There were two bad cases of impetigo, and four children were operated upon for adenoids at the Children's Hospital.

A Dental Inspection was held on May 11th. 41 children were seen, of whom 14 subsequently attended the Clinic.

The housing conditions are improving. Several children belonging to families who formerly lived in one room have left the school or have been removed from the waiting list because the parents have been able to obtain houses, chiefly in the Dads Lane district. The children represent 44 families. Of these families

5 live in one room each,

14 live in two rooms each, and

3 live in three rooms each.

The rest have separate houses.

In 9 families both parents work.

In 7 families mothers work (3 widows).

In 9 families fathers are unemployed.

In 3 families fathers are invalids.

### HOME VISITS BY SCHOOL NURSES.

In order to prevent overlapping with the work of the Health Visitors, the School Nurses until the beginning of 1926 did not pay visits to the homes of the children. Where a visit was deemed necessary if the matter could not be dealt with by the School Attendance Officer, the case was reported to the Health Department.

It was felt, however, that from time to time circumstances suggested that a visit by the School Nurse, who already knew the case and its special needs, might achieve a more satisfactory result. Accordingly a scheme was introduced whereby the School Nurse should be enabled to visit the homes of children who from one cause or another were unable to come up to the Clinic. It was not intended that actual treatment or dressings should be carried out, but rather that the visit should be comparable to the " following up " in the schools.

During the year 743 such home visits were made for a very great variety of conditions. The results have been very satisfactory.

Dr. Wilkins reports :—

" The number of homes visited during the year by my two nurses was 123. It must be remembered that the area includes a preponderance of the very poor.

" Almost without exception these visits have been made with the object of arranging for treatment found necessary during regular medical inspection at school. To get treatment carried out the consent and co-operation of the parent are required. When the parent does not attend at the examination one or other of two courses are open (apart from the help afforded by the School Attendance Officer), viz. : (1) To send a message to the parent to attend with the child at the Clinic, or (2) for the nurse to visit the home. Frequently the latter is the only effective method of getting in touch with the parent. Circumstances decide the action in each case. For instance, if the case is urgent, an immediate home-visit is called for. Such a visit is often carried out after the conclusion of the morning's inspection, or at any time when there is a lull in the work at the Clinic, such as the latter part of a Saturday morning or Thursday afternoon. It is therefore difficult to estimate the time occupied as the visiting is dove-tailed in with other work. Generally, the results of the home-visits are highly

satisfactory. Both my nurses and myself regard them as an indispensable part of the School Medical work. In the majority of cases the parents are grateful, and the nurse's personal explanation of the needs of the child generally result in ready acquiescence in treatment. A refusal is very rare. In other instances such difficulties as both parents being at work all day are brought to light. Even when the parent is obdurate against treatment the visit at least gives us this information and enables us to estimate the problem to be dealt with. Speaking generally, I would say that a still more intensive following-up than is possible with our existing staff is one of the developments which would enhance the value of our present work."

Dr. Moffett reports :—

"A number of cases of chorea and rheumatism have been visited in order to see that the child has remained in bed. If, in the Nurse's judgment, the child is not doing well, advice is given to call in a private doctor. Visits were also paid to children suffering from synovitis of the knee and other conditions in the lower extremities, where the child could not travel to and from the Clinic.

"The following typical cases may be given :—

Boy, 9—Keratitis: Away from school nine months under Eye Hospital. Nurse visited home and found many boxes of ointment ranged along a shelf *untouched*, the boy being difficult to manage. He attended Clinic two months with improvement in his eye condition and had tonsil and adenoid operation. He is now at a Convalescent Home.

Girl, age 7: Very neglected child, of very dirty habits, and offensive to fellow pupils. Home visited more than once, and she and her sister attended Clinic. Child has now improved.

"In all cases the Nurses are well received, even if the advice (for example, the signing of forms) is refused, as occasionally it is refused. The Nurse's opinion is sought about other children, and friendly relations are established; thus children receive treatment who would otherwise escape. If the Nurse's friendly advice is refused, I am in a position to take steps to enforce treatment.

"It would be easy to multiply visits, but this I avoid in order to prevent overlapping with other departments."

## RHEUMATIC INFECTIONS.

In several previous reports (notably 1920 and 1923) and in the report by Dr. A. P. Thomson, Medical Officer to the Special Schools, for the year 1925, stress has been laid on the malign part played by rheumatic infections, including acute rheumatism, chorea and disease of the heart, in the causation of disease, often fatal, amongst children of school age, and the grave menace of physical inefficiency and invalidism in early adult life. From various estimations based on actual enumeration, it may be taken that 1.5 per cent. of the children in the Elementary Schools of the City show evidence of heart disease. This proportion gives over 2,000 children





so afflicted, a number which bespeaks the magnitude of the problem. In accordance with the terms of reference to a Committee of the British Medical Association, in 1925 an attempt was made to determine whether the incidence of the disease was associated with any localising factors by mapping all the cases which came to the notice of the Medical Department. The resulting map, for the use of which I am indebted to Dr. A. P. Thomson and the Editors of the *Birmingham Medical Review*, is of considerable interest, for it shows a considerable grouping of the cases along the valleys of the Rea and the Hockley Brook. This observation bears out the findings of a similar investigation carried out in London by Dr. Shrubsall, which pointed to a grouping of the cases along the lines of the old water courses. It must not, however, be surmised that this geographical distribution is the only, or even the principal factor in the aetiology of rheumatic infection. Social factors, poverty and the housing conditions each play their part, and the problem is an intricate one. The more immediate question at the present moment is that of treatment, for prolonged and systematic treatment and supervision are necessary if the end-results of the infection are to be diminished. The extension of the accommodation at Baskerville to 90 beds has enlarged the opportunity of saving a certain number of infected children. During the past year an organised attempt has been made to record and keep in touch with such cases as come to the knowledge of the Medical Department either from the schools and clinics, or from the medical certificates signed by private practitioners as reasons for the non-attendance of children at school. An index of rheumatic children is thus gradually being prepared. Every case found in the schools giving evidence of rheumatic infection is notified on a special form to the Children's Hospital, which thus acts as a Central Bureau for the collection of information and enumeration of cases. Those cases which are in immediate need of treatment are then invited to attend the hospital, into which they may be admitted as occasion warrants. Moreover, a certain number of beds at Moseley Hall have been allocated for the reception of such cases as need rest in bed until such time as they can be admitted to Baskerville. In this way it is hoped that the ascertainment of the cases which need immediate treatment will be achieved, and the scheme promises much more early and less haphazard treatment than has hitherto been possible. Reference has already been made to the admirable work done for these children by the Invalid Children Aid Society.

### INFECTIOUS DISEASES.

The Health Department has supplied the following figures for the chief forms of notified infectious disease :—

	1922	1923	1924	1925	1926
Scarlet Fever ... ..	3,250	2,619	2,219	1,852	1,708
Diphtheria ... ..	1,285	1,537	1,887	1,896	1,831
Cerebro-spinal Meningitis	18	4	11	7	10
Anterior Poliomyelitis	6	33	39	11	38
Encephalitis Lethargica	12	29	282	92	93
Ophthalmia Neonatorum	484	433	413	335	394

These figures refer to cases of all ages, but as the greatest amount of infectious disease occurs before adolescence is completed, they afford a reliable index as to the general incidence in the school population.

It will be noticed that whereas the progressive diminution in the number of scarlet fever cases which has marked the last three years has been maintained, the high incidence of diphtheria during the same period has shown no diminution. This high incidence is unfortunately reflected in the 64 deaths of children of school age due to this disease.

In our attitude towards the problem of the dissemination of infectious diseases, the centre of interest is shifting from the consideration of the infected individuals to that of the uninfected but susceptible individuals in the community. Valuable as Isolation Hospitals have been in affording a healthy environment and skilled medical and nursing attendance, their influence in the reduction of the numerical incidence of the infectious diseases for which they are intended has not been marked. It is clear that had the isolation of the infected, until they could be considered as no longer infectious, been all that is necessary, we must have seen a progressive diminution in the number of cases almost to a vanishing point. But isolation has, admittedly, failed to control the spread of scarlet fever and diphtheria. A new method of attack is now, however, open to us, for we are beginning to grasp the principle that the incidence or absence of an infectious disease in a community depends upon the relative proportions of the susceptible and non-susceptible individuals who compose it. This truth was well proven by the mass experiment afforded by the anti-Enteric inoculations of the whole military population during the Great War. Enteric fever, which in all previous wars has been one of the most fatal scourges of Armies, was rendered practically non-existent. Small-pox ceased to be a menace to the community only when the general application of vaccination had so increased the number of non-susceptibles that epidemic invasion became impossible. In fact, the relative immunity of a community to any individual infectious disease is a phenomenon which can be expressed as the numerical ratio between the susceptible and non-susceptible members.

It is this fact which offers so hopeful a promise in the protection of the child population against diphtheria by prophylactic inoculation. This method has already proved its value against diphtheria, and recent research is showing that the same method may be used to protect against scarlet fever. To both of these diseases there is a high degree of primary susceptibility in the child and adolescent population, which is, however, dependent upon certain other factors such as the social status, the urban or rural character of the population, etc. In these two infections, the problem is further complicated by the presence of the so-called "carriers," who are probably the chief agents in the dissemination of the infection amongst the susceptible individuals of the child population.

In addition to the notifiable infectious diseases enumerated in the above table there are the infections which are notified through the Head Teachers to the Medical Officer of Health. Under Section 75 of the Birmingham Corporation Act, 1922, parents or guardians of a child in attendance at a school must, under a penalty not exceeding 20s., report to the Head Teacher the occurrence of infectious disease in any member of the family.



By this means the number of cases of any individual infectious disease occurring in any year is known with a very considerable degree of accuracy. The following table gives the incidence of the principal infectious diseases reported :—

Year	Measles	German Measles	Whooping Cough	Chickenpox	Mumps
1922	4,147	125	7,175	3,673	3,937
1923	7,787	96	1,772	3,999	1,072
1924	5,969	112	4,783	4,591	1,906
1925	11,636	2,722	6,138	5,752	6,403
1926	6,980	1,556	4,895	6,880	6,160

#### *School Closure.*

An order of the Board of Education, dated 1st January, 1925, amending the Code of Regulations for Public Elementary Schools, 1922, made a concession with regard to the calculation of average attendance for grant purposes when the attendance of a school department fell below 60 per cent. in any given week, and the Local Education Authority were satisfied, by a certificate from the School Medical Officer, that such fall might be attributed to the prevalence of epidemic illness. This concession, though it disappeared from the Elementary Education Code of 1926, was continued in the Board's Administrative Memorandum No. 51 of January, 1927. During the year ended 31st December, 1926, I have had occasion to issue fifteen certificates of this nature.

#### ENCEPHALITIS LETHARGICA.

The incidence of this infection has not been marked during the past year, nor have the cases which have come to the notice of the School Medical Service shown up to the present time the same sinister after effects which marked the great epidemic of 1924. It is perhaps too early to speak with confidence on this point, but the problem of dealing with those children and young persons whose character degenerations makes them a social menace still remains unsolved. In May a conference to discuss the matter was held between representatives of the Hygiene and Special Schools Sub-Committees, the Health Committee, and the Board of Guardians. It was decided that the Minister of Health should be asked to receive a deputation to represent the need of an institution for the reception of these cases. To this end a careful census was made of all persons known to have suffered during the past few years, and a considerable number were visited by Dr. D. Davison, Senior Assistant Medical Officer of Health. Of these 45 children and adolescents, and 59 older persons were found to be in need of further care and control by reason of their conduct or disabilities. In my last report it was noted that none of the sufferers from encephalitis who had been examined by me during 1925 had been charged before the courts with misdemeanour. Unfortunately, this is no longer true, for several have been reported to the police for sex offences, stealing, and one with attempted suicide. The question of a deputation to the Minister of Health was deferred for the time, in the expectation that the Mental Deficiency (Amendment)

Bill would become law, and thus ease the situation. Opposition, however, uninformed and ignorant of the real urgency of the question, rendered it advisable to withdraw the Bill, and the problem thus remains as acute as before; how urgent only those can realise who have gained personal experience of the tragic conditions of many of the homes. Under the Bill it was proposed that by the removal of the clause "from birth or an early age" from the definition of persons who may be dealt with under the Principal Act it would be possible to deal with those persons whose character and behaviour showed them to be in need of care and control. The Bill would therefore have given the necessary legal powers for committal to a suitable institution and detention thereat. This legal power of detention, valuable as it would be, only touches a side issue of the problem—the main point is that these cases are intellectually intact, and that their intelligence and educational capacities are poles asunder from the other persons, idiots, imbeciles and feeble-minded, for whose supervision and control the Mental Deficiency Act was intended and for whose reception the existing institutions have been designed. The post-encephalitic form a class by themselves with special needs and special difficulties. They could not, therefore, be dealt with in the ordinary Colony or Institution for the Mentally Deficient without detriment to themselves and detriment to the other inmates. When admitted to Asylums and Colonies, they have proved themselves an intolerable nuisance by teasing and spitefully using those who are unfortunate enough to be with them. On the other hand, they require a discipline and education which these institutions cannot supply. The experience of the last six years has proved that this class of case needs special institutions where they can receive the discipline, teaching, and treatment which they require. Though a certain number have shown satisfactory rehabilitation in character and a social readjustment, these form a minority, and the fact must be faced that the majority will require supervision and institution discipline for a number of years, while some may possibly remain permanently incapable of using their freedom aright. All the children who are known to have suffered from the infection are, as far as possible, kept under observation, and there are 93 children on my index register who are periodically examined by me.

The following excerpts from the actual accounts given by parents give a vivid picture of the difficulties and anxieties caused by a child of this kind in what is often a small and overcrowded home :—

Boy, age 10.—" Spiteful and spits at folk. A blow follows a word. He got a penknife and threatened to gouge his sister's eyes out. He'd put a knife through you as soon as look at you. His laziness is terrible. He's as impudent as possible. He tells such lies. His language is that obscene. Parents of little girls complain. His cheek and his language are awful. He's the talk of the neighbourhood."

Girl, age 15.—" Getting worse and worse, would not go to bed. Her language was terrible. I couldn't do anything with it. She hit a girl on the head with a stick. She knocked me about with a stick till I had to go to the hospital."

Girl, age 10.—" She's getting worse, deteriorating terribly. She steals continuously. I don't let her go out. I keep her boots. She went to a shop and brought back a doll's perambulator. A few days ago she came home and said she had been with a man on a motor. She swears horribly. She pushed her hand through a window in her temper. She wanders away, and won't go to school. She tried to throw herself through a window last week."

Boy, age 11.—“The children won't stay in the house with him. He gets into such terrible fits of temper and does not know what he is doing. He was in the hospital, but they had to turn him out. Now it is terrible. He picks holes in the walls and gets the bed-clothes off the other beds. We cannot get a wink of sleep with him. It is not safe to send him on an errand. The neighbours complain of his pinching and tapping other children and they round on me.” The Head Master reports :—“He is becoming quite unfit for an ordinary school; sly, cunning and quarrelsome, always pinching other boys and causing a disturbance.”

It is no exaggeration to state that not a week passes without a visit to the office from parents begging for help to deal with children of this kind, and asking if there is any institution to which they can be admitted, even if only for a few weeks, to give a short respite from the ever-present anxiety and worry.

## RESEARCH.

### LEFT-HANDEDNESS IN CHILDREN.

Dr. Stooke has made an investigation into the incidence of left-handedness in children. A survey was made of 21 Elementary Schools, 2 Secondary, 1 Nursery, and 1 Mentally-Defective, with a population of 17,190 children. In the Elementary Schools the number of children who use the left hand only for writing, sewing, etc., shows a curious preponderance of boys over girls. In nine schools the proportion is double or more. In only three do the girls out-number the boys.

The total number of left-handed children is 465, or 1 in 36. Of these 276 are boys and 189 girls. These children can only use the left hand, but, in addition, there are 243 children who prefer to use the left hand though able to use the right, *i.e.*, 1 in 70. Of these 149 are boys and 94 girls. In the Nursery Class at Dartmouth Street (2 to 5 years of age) there are no left-handed children. One boy occasionally uses both, but does not prefer the left. The total number of children is, however, only 32, a number which is too small to have any significance.

In the Secondary Schools the proportion is similar to that in the Council Schools, 1 in 36, and the comparison of boys to girls is 7 to 4.

In one Special School for Mentally-Defectives the proportion is again 1 in 35 for boys and much higher for girls, 1 in 20. The average for both being 1 in 13 children. The proportion of boys to girls is 4 to 7.

In one Council School—Infant Department—the Head Mistress gave special attention to these children, and we kept them under observation from March to September. She arranged a separate class for them, and gave them graduated exercises for the fingers, and trained the eyes and the speech at the same time. Small children in the infant class learn laboriously to form letters, even when naturally right-handed. The attitude of a right-handed child is to lean the head to the left. A left-handed child leans the head to the right—the natural position to avoid the chalk or pencil. The teacher of this class found that, if the lessons were prolonged, the children began to squint. She therefore varied the exercises. Her conclusions from the teaching of these children were :—

(i.) Large arm and hand movements as well as the finer movements of the fingers were impaired and feeble. There was weakness in raising the right arm, and in opening and closing the right hand. When



the palm of the right hand was placed flat on the desk, and each finger raised and lowered independently, there was feebleness of movement. Exercises were arranged to suit. Hopping was chiefly on the left foot. Where the right foot was used it was a feeble performance. In two cases the right could not be used.

(ii.) Defective speech was noticed in several, the difficulty being mostly with "f," "th," and "s." The following exercises were practised daily with very good results:—"Four fat frogs frightened the fish." "These thick thistles thrive in the fields of thoughtless folk." "Though these flowers fade, others follow fresh and fragrant." "Six small snakes."

(iii.) Some disturbance of vision, disability in copying—letters being often reversed. Prolonged right-handed exercises appeared to cause squint.

After six months' training of 20 children, 8 became definitely right-handed writers, 6 used both, and 6 still preferred the left. In picking up coins, 10 used the right, 3 alternated hands, while 4 used left. In hopping 13 used both feet.

The general impression given is that so much improvement is made in a short time with these early cases that left-handedness can be overcome without difficulty if so wished. The parents of one child encouraged the use of the left hand. The Upper Department of the same school reports that 7 boys and 6 girls using the left hand on entering now write regularly with the right. The number of left-handed children in this department is the smallest in the district. In the Elementary Schools, although left-handedness is found to be prominent amongst the backward children, there are also many particularly bright children who use the left hand and are physically slow. Stammering is not prominent. When the left hand is used by the older girls for fine sewing, or knitting with fine needles, the results are wonderfully good, as far as the appearance of the finished seam or stocking is concerned. There is, however, an awkwardness of method working left to right, reversing the stitches or knitting from within outwards. The measurement of the arm width is commonly  $\frac{1}{8}$  in. to  $\frac{1}{4}$  in. larger in left. In others it is level. In certain cases one is able to trace a hereditary bias to the use of the left hand in several members of one family, and through two or three generations.

#### ESTIMATION OF CLASS-ROOM LIGHTING.

During the year an attempt was made by myself, in association with Dr. Bowes, Assistant Medical Officer of Health, to estimate the illumination in a number of schools selected as being examples of different types of construction. In these estimations the instrument used was the Luxometer Hand Photometer. The principle of measurement depends upon a comparison of the illumination, received direct from a known area of the sky on a screen connected with the instrument, with that received on a screen placed in the situation the available light of which it is desired to measure. In each case a reading is obtained by comparing the brightness of the screen with that of a standard electric lamp contained in the instrument. A comparison of these figures yields a co-efficient, which measures the proportion which the light received at the point considered bears to the total light given off for the whole hemisphere of the sky. For example, a co-efficient of .01 indicates that the light received on a surface at the points under consideration is equal to one-hundredth part of the light available from the total sky.

A sample only of the results obtained is given in the table below. Readings were, as a rule, made at a point at or near the middle of the classroom, so as to obtain a figure for the average illumination of the room, and also at one or two points where the lighting appeared to be worst. In the table the schools are indicated by letters.

TABLE.

School.	Type of School.	Number or Description of Rooms.	Type of Room.	Co-efficients.	
				Average.	Worst.
A	Modern.	Infants.	Very good.	·020	·0077
A	"	Standard V.	Good.	·0083	·0048
B	Fair.	Infants.	Fair.	·0079	·0027
B	Fair.	IV. Girls.	Rather dark, back of room darkened by screen.	·0039	·0021
C	Obsolete.	South room.	High windows leaving part of room in shadow.	·0060	·0012
D	Old-fashioned.	Infants.	Open on one side only. Sky illumination obscured.	·0027	·00062
E	Obsolete.	Main room.	Very dark.	·0014	·00043

It is obviously impossible to draw hard and fast lines between good and bad lighting, and, moreover, the lighting of a room may be on an average good, while at the same time there may be dark patches or corners. With these provisos, however, it is possible to set down certain general conclusions, which have been drawn from the above results, and many others of which they are typical, by comparing the co-efficients obtained with the conditions observed.

1. *Good* lighting is indicated by co-efficients of ·020 (or above) to ·0070 in the middle of the room, and co-efficients of ·0070 (or above) to ·0030 at the worst lighted points.
2. *Fair* lighting is indicated by co-efficients of ·0069 to ·0050 in the middle of the room and co-efficients of ·0029 to ·0020 at the worst points.
3. *Poor* lighting is indicated by co-efficients of ·0049—·0020 in the middle and ·0019 to ·0010 at the worst points.
4. *Bad* lighting is indicated by co-efficients of ·0019 (and below) in the middle and co-efficients of ·0009 (and below) at the worst points.

## SECONDARY SCHOOLS.

In the Municipal Secondary Schools, and those Aided Secondary Schools which come within the scheme of medical inspection, each scholar is submitted to a yearly medical inspection. Amongst these there is a very considerable proportion (21·6 per cent.) who exhibit some form of physical defect which requires treatment. Although this proportion is smaller than that found amongst Elementary School children (28·8 per cent), yet it is not altogether

satisfactory. The chief defects are dental disease and defective vision. Although it is not possible to give precise figures, yet there is evidence that the majority of these defects do receive treatment, with the exception of dental caries, concerning which there appears to be considerable indifference, especially among the boys. When the pecuniary conditions indicate the need of help which cannot readily be obtained elsewhere the children are treated at the Clinic. This is in the main the examination of defective eyesight and the provision of spectacles. Some 20 Secondary Schools cases have been dealt with in this way. The accompanying report upon one of the Secondary Schools for Girls (Dr. Moffett) may be taken as representative of the rest :—

“ Some 490 examinations were made, the ages of the girls ranging from 11 to 19. Eighteen visits were paid, from October 13th, 1925, to July 2nd, 1926. With few exceptions the physique of the girls is excellent, and their health good. I cannot trace any adverse influence on the girls' health as they go up in the school. The standard of health of the senior girls is very high. Defects in general health seem to depend on a poor constitution, disease in earlier life, or to some unfortunate or badly adjusted home conditions. Advice as to treatment was given in 105 cases (exclusive of dental defects). Many of the defects noted were slight.

“ A definite enquiry is made in every case as to rheumatism and chorea. A history of rheumatism is forthcoming in 18 out of 302 or 6 per cent. About 6 girls showed evidence of rheumatic heart affection, and 7 gave a history of chorea. Twenty-four girls had eye defects requiring correction with glasses, and an additional 68 are under observation; some already provided with glasses, and some with only a slight error. At least 49 of these 92 cases have short sight or myopia, viz., 10 per cent. of all girls examined. A certain proportion of myopes tend to progress, stronger and stronger glasses being required. There is some evidence connecting this condition with close work. Quite a number of these children had normal vision when examined at 8—9, and the proportion of myopes over 15 is 20 per cent. in place of 10 per cent. for the whole number.”

#### PUPIL TEACHER CENTRE.

Dr. B. S. Alexander reports as follows :—

“ During the year seven visits were made to the Pupil Teacher Centre. The number of routine inspection was 135, while 47 special cases were examined, and 25 re-examinations—making a total of 207 inspections. The ages of the students ranged from 13 to 19 years. It was found that 23 of the routine cases required medical treatment of some kind. This was exclusive of the 23 students who required dental treatment. As in former years, defective vision ranked highest among the defects, 29.6 per cent. of the total “routines” being found to suffer from this. Six students had curvature of the spine, and these were put under special remedial exercises. Among the cases requiring observation, vision again claimed the greatest number—29 suffering from eye defects of different kinds. The majority of cases were found, on re-examination, to have had treatment, the outstanding cases remaining untreated being chiefly those of dental decay.”



## JUVENILE EMPLOYMENT AND WELFARE.

The association between the Medical Department and that of the Juvenile and Welfare has become progressively closer. The reports of the physical condition of leavers supplied by the Medical Officers upon the confidential report cards have been found to be of considerable value in determining the type of employment to be selected or, on the other hand, to be avoided. In some cases through this channel arrangements have been made by the Welfare Department for children to be sent to convalescent homes.

Various meetings of Care Committee helpers, or of parents have been addressed by members of the Medical Staff. In addition, 154 special cases have been referred to me, including boys recommended for the Navy, Army, and Merchant Service, or intending emigrants to Canada, Australia and elsewhere; girls recommended for Training Homes; and children presenting special conditions, *e.g.*, chorea, rheumatism, asthma, and encephalitis lethargica, or whose condition appears to require operative treatment.

In addition to this Juvenile Welfare work, 1,270 children between the ages of 12 to 14 years were examined under the bye-laws for regulating the employment of children and young persons.

## TUBERCULOSIS.

The accompanying table shows the incidence of notified Tuberculosis children of school age and under, and the different parts of the body infected :—

TUBERCULOSIS (ALL FORMS), 1926.

Ages.	Pulmonary.		Tubercular Meningitis.		Peritoneum and Intestines.		Spinal Column.		Joints.		Other Organs.		Disseminated.	
	Cases Notified.	Deaths.	Cases Notified.	Deaths.	Cases Notified.	Deaths.	Cases Notified.	Deaths.	Cases Notified.	Deaths.	Cases Notified.	Deaths.	Cases Notified.	Deaths.
0	1	4	8	11	2	2	—	—	—	—	1	—	2	2
1	6	6	9	13	4	1	—	—	—	—	5	—	—	—
2	4	2	5	11	3	—	—	—	—	—	3	—	1	1
3	5	—	3	6	3	—	3	—	5	—	2	—	—	—
4	7	2	4	6	2	2	1	—	3	—	6	—	2	1
5-9	84	7	2	6	14	3	10	2	12	—	39	—	3	1
10-14	84	9	3	7	9	3	1	—	10	—	25	—	1	2
Total ...	191	30	34	60	37	11	15	2	30	—	81	—	9	7

Dr. Dixon, Chief Tuberculosis Officer, has supplied the following information concerning children admitted to the Sanatorium :—

" During the year 1926, the number of children treated at Yardley Road Sanatorium was 248. Of these 136 were males and 112 were females.

" Out of the 248 there were 135 who were admitted primarily for observation; 89 were discharged with no definite signs of active tuberculosis.

" There were 159 who remained for treatment, 51 being in Stage I. (Turban-Gerhardt), 55 were in Stage II., and 14 were in Stage III. There were 39 admitted for treatment for surgical tuberculosis. The average length of time spent by these children who were discharged during the year was 21 weeks."

### FEEDING OF NECESSITOUS CHILDREN.

Free meals have been provided at ten Council Schools in kitchens equipped and staffed by the Education Committee, and at twenty-one Centres under contract. No change has been made in the scheme or in the menu of the food provided. The meal is given as a two-course dinner on every day of the week.

	1922	1923	1924	1925	1926
Total number of meals ...	671,627	270,849	249,825	231,037	284,175
Daily average, 1st January	3,492	1,154	728	832	705
" " 1st July ...	971	537	559	554	704
" " 31st December	1,154	759	816	679	1,236
Total number of children who received meals ...	8,263	2,409	2,355	2,071	2,958

The industrial depression caused by the Coal Strike shows itself in the total number of children who, in the course of the year, were in receipt of free meals. This was considerably larger than it has been for several years.

### DEATHS IN CHILDREN OF SCHOOL AGE.

To a report which attempts to review the whole health conditions of the children of a great city, a table of the causes of death forms a sombre but necessary conclusion. The accompanying table shows the causes of death in children between the ages of five and fifteen during the year. The approximate number of the population in this age-group has been calculated for statistical purposes as 187,030, as against 194,190 in 1925. The approximate death rate for the age period five to ten was 2·3, and for the period ten to fifteen was 1·5, as against 2·2 and 1·5 respectively in 1925.

CAUSES OF DEATH CHILDREN 5-15.	1918	1919	1920	1921	1922	1923	1924	1925	1926
Measles ...	8	24	19	11	5	13	5	9	1
Scarlet Fever ...	7	24	40	16	11	18	7	7	5
Whooping Cough ...	10	3	8	5	7	0	2	4	8
Diphtheria ...	87	63	95	64	49	60	51	39	64
Influenza ...	223	42	25	2	6	6	8	10	2
Pulmonary Tuberculosis	52	31	26	25	22	24	17	23	16
Tuberculosis Meningitis	20	19	9	15	15	13	12	20	13
„ Peritonitis & Intestines	9	16	5	6	7	6	3	5	6
Other Tuberculous Diseases	21	17	17	7	7	12	4	9	5
Rheumatic Fever ...	10	9	17	8	14	13	17	22	24
Cerebro-Spinal Fever...	4	2	3	0	3	0	0	0	0
Meningitis... ..	20	13	11	13	6	10	5	9	5
Heart Diseases ...	30	41	30	28	31	24	21	25	27
Bronchitis ...	10	11	5	3	4	5	0	4	3
Pneumonia ...	91	56	49	46	36	31	25	31	35
Appendicitis ...	16	25	20	20	15	13	14	13	11
Accidental Burning ...	18	10	10	6	1	5	4	9	8
Accidental Drowning ...	10	11	13	5	3	7	4	6	10
Other Accidents ...	29	23	20	18	20	20	17	25	25
All Other Causes ...	83	86	99	76	74	89	83	70	84
<b>TOTAL ...</b>	<b>758</b>	<b>526</b>	<b>521</b>	<b>374</b>	<b>336</b>	<b>369</b>	<b>299</b>	<b>340</b>	<b>352</b>

## MISCELLANEOUS WORK.

Increasing use is now made of the consultative opportunities afforded by the Medical Department, and during the past year I have carried out examinations and consultations as under :—

Special examinations for Juvenile Employment Department	154
Examinations of intending teachers—	
Pupil Teachers' Preparatory Class   ...   ...   ...	30
Pupil Teachers   ...   ...   ...   ...   ...	28
Bursars   ...   ...   ...   ...   ...	39
Student Teachers   ...   ...   ...   ...   ...	63
Examination of children for theatrical licences   ...   ...	3
Examination of children at Remand Home, and probation cases   ...   ...   ...   ...   ...	55
Reports made upon—	
Teachers   ...   ...   ...   ...   ...   ...	118
Caretakers   ...   ...   ...   ...   ...	42
Other Employees   ...   ...   ...   ...   ...	50

## CONCLUSION.

In the smooth working of the Medical Department, much depends upon the arrangements made by the Head Teachers and their staffs, both in connection with the medical inspections in the schools and in the attempts to secure the treatment which is required. This help and co-operation, without which much of the efforts of the Medical Officers and Nurses would be of no avail, has always been generously given.

The Officers of the School Attendance Department have always given without stint the help which their knowledge of the individual families and children enables them to offer.

The activities of the School Medical Department are but one aspect of a single great movement which has for its object the continuous amelioration of the conditions of child life, as generation succeeds generation.





## SPECIAL SCHOOLS SUB-COMMITTEE, 1925-26.

Councillor Miss C. MARTINEAU, J.P. (*Chairman*).  
 Mr. Councillor W. BYNG KENRICK (*Ex-Officio*).  
 Mr. Alderman A. R. JEPHCOTT, M.P.  
 Mr. Councillor A. F. BRADBEER.  
 Councillor Dr. W. B. FEATHERSTONE, J.P.  
 Mr. Councillor G. F. GODRICH.  
 Councillor Miss SANT.  
 Mr. Councillor W. E. SMITH.  
 Mr. A. CLENDON, M.A.  
 Miss E. M. BARLING, M.B.E.  
 Mrs. WALTER BARROW.  
 Mrs. BARROW CADBURY, J.P.

### CHIEF EDUCATION OFFICER :

P. D. INNES, M.A., D.Sc.

### CLERK TO SUB-COMMITTEE :

H. B. NEWSOME.

### SUPERINTENDENT OF SPECIAL SCHOOLS :

ELIZABETH L. S. ROSS, M.A., B.Ed.

### SPECIAL SCHOOLS MEDICAL OFFICER :

ARTHUR P. THOMSON, M.C., M.D., M.R.C.P.

### SPECIAL SCHOOLS ASSISTANT MEDICAL OFFICER :

JAMES M. SMELLIE, M.D., M.R.C.P.

### OPHTHALMIC SURGEON :

R. BEATSON HIRD, F.R.C.S.

### VISITING MEDICAL OFFICERS :

*Baskerville School* : FREDK. B. WINFIELD, O.B.E., M.R.C.S., M.R.C.P.

*Croftwood School* : MITCHELL I. DICK, M.B., Ch.B.

## SPECIAL SCHOOLS.

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### ANNUAL REPORT OF THE SPECIAL SCHOOLS MEDICAL OFFICER, A. P. THOMSON, M.C., M.D., M.R.C.P., FOR THE YEAR ENDED 31st DECEMBER, 1926.

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#### MEDICAL INSPECTION AND TREATMENT.

The routine medical inspection of children in the Special Schools has proceeded throughout the year 1926 on the same lines as during the past few years. Considerable numbers have been referred to the School Clinics for treatment, particularly with regard to defects of vision and for operations for enlarged tonsils and adenoids, while children calling for exceptional treatment have been sent to Dr. Smellie or to me at the Out-Patients' Departments of the Children's or General Hospitals.

The total number of children medically inspected during the twelve months was 703.

#### SCHOOLS FOR THE MENTALLY-DEFECTIVE.

##### *Admission Examinations.*

Children in attendance at ordinary Elementary Schools who are recommended by their Head Teachers or the Assistant School Medical Officers for admission to Special Schools for the Mentally-Defective are, with few exceptions, examined at the Special School nearest to the child's residence. Those not in attendance at any school, usually young children of poor physique or of very low mentality, are called up to the Education Office. The examinations are conducted by Dr. Smellie or myself, and the Superintendent of Special Schools.

The results of these examinations in the year 1926 were as follow :—

Number of children examined	...	...	...	...	345
Number certified as mentally-defective	...	...	...	...	216
Number to remain at Ordinary Schools	...	...	...	...	84*
Number temporarily excluded from school attendance	...	...	...	...	38
Number certified as ineducable	...	...	...	...	7

\* Of these, 4 were to remain at Schools for the Physically-Defective, and 1 at an Open-Air School.

I give below figures showing the number of children who, at the end of December, 1926, had been reported as probably mentally-defective and were awaiting examination with a view to admission to the various Special Schools :—

For Bristol Street Special School	...	...	...	...	28
For Burlington Street Special School	...	...	...	...	106
For Fashoda Road Special School	...	...	...	...	—
For Gem Street Special School	...	...	...	...	42
For George Street West Special School	...	...	...	...	164
For Little Green Lane Special School	...	...	...	...	77
For Ralph Road Special School	...	...	...	...	47
For Sherbourne Road Special School	...	...	...	...	32
					496

As all the Special Schools with the exception of Fashoda Road are constantly full, additional accommodation is needed for at least 300 children. This is probably under-stating the position, as experience has shown that when and where additional Special School places are provided, the number of children put forward as mentally-defective by the Head Teachers of the Elementary Schools in the vicinity is extensively increased.

The state of affairs is such that for the George Street West Special School a child has to remain on the " waiting list " for three years before he or she can be admitted there.

#### *Periodical Examinations.*

These examinations are held once a term at each school. The following information is given as to the decisions arrived at during the year under review :—

Children allowed to leave between 14 and 16 years, subject to satisfactory Employment ... ..	73*
Children reported to the Mental Deficiency Act Committee as needing institutional care or guardianship on leaving the Special Schools at 16 years ... ..	32
Children transferred to Ordinary Schools ... ..	2
Children excluded and reported to M.D. Act Committee as unable to benefit further from Special School instruction ... ..	44

\* Of these, 12 were decertified

### SCHOOLS FOR THE PHYSICALLY-DEFECTIVE.

#### *Admission Examinations.*

Children reported as " physically-defective " by the School Attendance Officers, Head Teachers, Medical Practitioners, or parents are examined at the Education Office without delay. If they are found to be suitable for attendance at the Day Schools for the Physically-Defective their admission thereto follows in due course as vacancies arise. In cases where children reside outside the area covered by the omnibuses used in connection with these schools, arrangements are made for them to be admitted to the Baskerville Residential School. Such children are not included in this return.

A summary of the results of these admission examinations is given below :—

Number of children examined ... ..	132
Number certified for admission to the Day Schools for the Physically-Defective ... ..	73
Number able to attend Ordinary Schools ... ..	19
Number certified as temporarily unfit for school ... ..	39
Number certified as permanently unfit for school ... ..	1

#### *Periodical Examinations.*

As in the case of the other Special Schools, examinations are held at the Day Schools for the Physically-Defective once a term.

The following were the results in the year 1926 :—

Children allowed to leave between the ages of 14 and 16 years ... ..	10
Children transferred to Ordinary Schools ... ..	9
Children transferred to Schools for the Mentally-Defective ... ..	7
Children transferred to Open-air Schools ... ..	4
Child transferred to Baskerville Residential School ... ..	1

## BASKERVILLE RESIDENTIAL SCHOOL.

The admirably planned extensions at this school, including dormitories for boys, three classrooms and a playroom, were completed in the summer and were first occupied at the end of August, 1926, when 42 boys were admitted. The school now accommodates 90 children, which should be a much more economical unit than when it was restricted to 47 girls.

Her Grace the Duchess of Atholl, Parliamentary Secretary to the Board of Education, formally opened the extended premises on October 21st.

The additional accommodation provided naturally led to the examination of a larger number of children for admission to the school. It was decided that, at any rate in the first instance, the maximum admission age for boys should be 12 years. The entrance examination results, boys and girls included, were as follow :—

Number of children examined	...	...	...	...	...	106
Number certified for admission	...	...	...	...	...	90
Number certified for Day P.D. School	...	...	...	...	...	1
Number able to attend Ordinary Schools	...	...	...	...	...	13
Number temporarily unfit for School	...	...	...	...	...	2

The number of children actually admitted during the year was 48 boys and 44 girls. Of these, 45 boys and 41 girls suffered from rheumatic or other affections of the heart and 3 boys and 3 girls were crippled children.

The number in residence immediately prior to the Christmas holidays, 1926, was 42 boys and 48 girls, classified as follows :—

Boys suffering from rheumatic or other affections of the heart	40
Girls suffering from rheumatic or other affections of the heart	43
Cripple Boys	2
Cripple Girls	5

The number of children who left the school during the year was 43, and the following particulars are given concerning them :—

Children allowed to leave between 14 and 16 years	11
Children transferred to Ordinary Schools	15
Child transferred to a Hospital School	1
Child transferred to a Day P.D. School	1
Child transferred to a Residential M.D. School	1
Children discharged to Hospitals, or owing to acute illness	5
Child withdrawn owing to domestic reasons	1
Children discharged owing to infectious disease	8

The average length of stay at the school of the children referred to above was 10 months.

Reference will be found in the report of Dr. Auden to an arrangement that has been made to furnish the Children's Hospital with particulars concerning any rheumatic children coming within the purview of the School Medical Service. That Hospital is compiling a register of rheumatic children, and will assist in any practical way with the supervision of their treatment. Where advisable, attendance as out-patients will be encouraged.



In order that certain children may be under continuous observation for considerable periods, it has been agreed that not more than six children per term may be admitted to Baskerville School on the recommendation of the Children's Hospital, it being understood that the individual children must be approved as suitable by the Special Schools Medical Officer. These children will have been in-patients at the Hospital and will usually either be transferred direct from there to Baskerville or will be received via the Moseley Hall Convalescent Home for Children, where they will if necessary be maintained by the Hospital, pending vacancies at the school.

This part of the arrangement became operative for the first time in connection with admissions to the school in January, 1927.

### OPEN-AIR SCHOOLS.

#### *Uffculme Day School.*

The number of children admitted to this school during the year was 116, and the number who left was 107.

The following particulars are given with regard to the leavers :—

Children who improved sufficiently to be transferred to Ordinary Schools	63
Children who left at 14 years or 15 years ... ..	15
Children transferred to Cropwood Residential Open-Air School	19
Children transferred to Schools for the Physically-Defective ... ..	3
Children transferred to Schools for the Mentally-Defective ... ..	2
Children who left for miscellaneous reasons ... ..	5

The length of stay at the Uffculme School of the children transferred to ordinary schools was 13 months, or one month less than for the children correspondingly transferred during the year 1925.

In view of difficulties which have been experienced in connection with the educational side of the work consequent upon the members of the teaching staff having to take their holidays in turn, it has been decided that in 1927 the school shall close for a fortnight at midsummer instead of for two days only. The period during which teachers are absent while the school is in session will thus be considerably curtailed. The physical effect on the children of this fortnight's break in their attendance will be carefully watched.

The customary arrangements were made, with the usual beneficial results, for 16 boys coming from congested homes to sleep at the school from Monday to Thursday nights inclusive from May to September.

#### *Cropwood Residential School.*

As, unfortunately, children of one sex only can be accommodated at this school, I think it will be more useful if I give a summary of the total number of children dealt with during the two years ended Easter, 1926, in which boys were in residence, rather than to adhere strictly to the year 1926 which this report is supposed to cover. As has been explained in previous reports, the school is occupied by girls and boys alternately at two yearly intervals, and accommodates 80 children.

The number of boys who passed through the school during the two years in question was 205. The reasons for which they were discharged are summarised below :—

Children who improved sufficiently to be transferred to Ordinary Schools	...	...	...	...	...	...	...	123
Children who left at 14 or 15 years	...	...	...	...	...	...	...	10
Children transferred to Uffculme Day (Open-Air) School	...	...	...	...	...	...	...	21
Child transferred to School for the Physically-Defective	...	...	...	...	...	...	...	1
Children transferred to Schools for the Mentally-Defective	...	...	...	...	...	...	...	3
Children who left on physical grounds	...	...	...	...	...	...	...	7
Children who left for miscellaneous reasons, such as " failed to settle," " home circumstances," " removal from Birmingham "	...	...	...	...	...	...	...	40

The average duration of children at the school was  $8\frac{1}{2}$  months. The actual period varied from one month or less in the case of 11 children to 1 year and 11 months in the case of 6 children, these latter being in residence for the whole of the time the school was reserved for boys.

This school takes its long holiday at Christmas—four weeks—and closes for a fortnight in the summer. The teachers are absent, one at a time, for a fortnight each while the school is in session in order to complete the holidays due to them.

#### *Open-Air School Accommodation.*

It is a matter of keen regret that apart from the acquisition, subject to the approval of the Government Departments concerned, of a site in North-East Birmingham, no progress has been made during 1926 towards the provision of further open-air school accommodation.

Admissions to the Uffculme School are necessarily restricted to children residing within reasonable access thereto. The only facilities that can be offered at present to a child living on the north side of the City and requiring open-air school treatment, are none at all if a boy and the chance of one of 80 places at the Cropwood School if a girl.

#### SCHOOLS FOR THE PARTIALLY-BLIND.

Mr. R. Beatson Hird, M.D., F.R.C.S.E., has been good enough to furnish the following report concerning the work done in connection with the Day Classes for the Partially-Blind held at Whitehead Road (Aston) and at the Edgbaston Institution :—

" During the year 1926 the Partially-Blind Day Schools were inspected three times, namely: : February, June, and October. The records of each child were examined and brought up to date, and every child was seen once or twice at the Clinic, with the exception of the blind children, for records of vision and when necessary retesting for new glasses. In all these cases the best method of education was gone into and instruction given. Every child before leaving school was examined and advice given as to a suitable occupation. After each inspection children were selected to attend the Central School Clinic, and the numbers were as follow :—

From Whitehead Road School	...	...	...	...	64 children.
„ Edgbaston School	...	...	...	...	50 „
Total	...	...	...	...	114 „

" New glasses were prescribed for 22 of these children. The report of the Council of British Ophthalmologists, 'On the methods adopted in various parts of the British Isles for the education of children suffering from defective vision due to myopia or other causes,' was brought to the notice of the Special Schools Sub-Committee with an expression that this Committee might see their way to adopt the suggestions embodied in this report, your Ophthalmic Surgeon being a member of the Committee who drew up this report. It is very desirable that these classes should cease to be called 'partially-blind,' and that the term 'myope classes' should be used instead. I have pointed out the importance of removing all sighted children from classes held at the Edgbaston Blind Institute for many reasons, chiefly because the lighting of such an Institution is obviously not ideal for sighted children, especially those like myopes who require the best possible school lighting; and also because it is not good for these children to be associated with the blind. The best method is to have these children educated in special classes attached to the Elementary Schools."

It may be stated that the Education Committee propose, as soon as opportunity offers, to withdraw the myopic children from the day classes at the Edgbaston Institution for the Blind, and educate them in a school for such children to be established in the South side of the City. The Whitehead Road School will then become a school for myopic children who reside in North Birmingham, while all children who need to be taught on non-sighted methods will be drafted to the day classes at Edgbaston.

This suggested arrangement has been rendered completely practicable by the authorities of the Institution agreeing to take as day pupils children from 5 years of age upwards. Previously, it may be remembered, they were unable to see their way to organise their school so as to include children younger than 8 years.

The usual particulars concerning the admissions and leavings during the year, both at Whitehead Road and at Edgbaston are appended:—

	Edgbaston.	Whitehead Road.
Admitted during 1926 ... ..	28	21
Left during 1926		
Transferred to Ordinary Schools ... ..	7	4
Left for work between 14 and 16 ... ..	11	6
„ at 16 years ... ..	4	—
„ on physical grounds ... ..	—	1
„ Birmingham ... ..	—	1
Transferred to Edgbaston P.B. School ... ..	—	13
„ for Technical Instruction at 16 ... ..	2	—
„ as resident pupils to Blind Institution ... ..	2	—
	26	25

Owing to increasing calls upon his time, Mr. Beatson Hird found it necessary to resign at the end of the year his position under the Education Committee as Ophthalmic Surgeon to the Schools for the Partially-Blind.

These schools and the children in attendance thereat have been under his supervision since their establishment, and the severance of his connection with them will be keenly felt. In his stead, Mr. H. W. Archer Hall, D.O. (Oxon), has been appointed as from January, 1927. Mr. Archer Hall was already in the service of the Education Committee with respect to the care of the eyesight of children attending the ordinary schools of the City, and he will continue this work.

## SUMMER SCHOOL.

The Summer School for defective children was conducted at Glan-y-don, Towyn, for the third successive year, and a most successful season was again recorded. The number of children who participated was 190, comprised of 95 boys from four of the Schools for the Mentally-Defective, 47 girls from the two Day Schools for the Physically-Defective, 24 boys from the Moseley Road School for the Deaf, and 24 girls from the two Schools for the Partially-Blind.

During the General Strike arrangements had to be made for the party of deaf boys to return to Birmingham by means of two motors which took the next group—partially-blind girls—to Towyn.

The parents were generally most enthusiastic and grateful for the opportunity given to their children, and for the care and interest shown by the staff. Their equipment and clothing were very good in most cases, but much of it had been obtained through the efforts of the teachers and their friends. To see the children on their return from the Summer School, looking bronzed and full of vigour, afforded ample proof of the health-giving effects of their fortnight at the seaside.

It will be seen from the table given below that, in spite of the strenuous walking and climbing done by most of the mentally-defective boys' groups and the deaf boys, they gained a considerable amount of weight. The George Street West P.D. girls also did well in this respect, but not the Little Green Lane P.D. girls. The hot days at that time may have affected their appetites; in fact, there is a slight decrease in the food bills for the group compared with the other cripple group, even though food prices were higher and the majority of the girls older.

Differences in weight of the children as a result of the two weeks at the Summer School :—

Dates.	Contributing Schools.	No. who gained in weight	Average Increase.	No. with no change in weight.	No. who lost weight	Average Loss.
			lbs. ozs.			ozs.
Apr. 28th—May 12th	Moseley Road, Deaf (B) ...	18	1 6	3	3	7
May 12th—May 26th	P.B. Girls ... ..	20	1 12	1	3	8
May 26th—June 9th	Fashoda Road, M.D. (B)...	18	2 13	1	3	12
June 9th—June 23rd	George St. West, P.D. (G)	20	1 3	3	—	—
June 23rd—July 7th	Gem Street, M.D. (B) ...	24	1 3	—	—	—
July 7th—July 21st...	Little Green Lane, P.D. (G)	8	0 15	2	13	12
Aug. 25th—Sept. 8th	George Street West, M.D. (B)	23	3 7	1	—	—
Sept. 8th—Sept. 22nd	Bristol Street, M.D. (B) ...	23	2 2	—	—	—



CITY OF BIRMINGHAM.

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EDUCATION COMMITTEE

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Appendix to Annual Report

.. of ..

School Medical Officer

*for the year ended 31st December, 1926.*

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OFFICIAL TABLES.



TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED  
31ST DECEMBER, 1926.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Malnutrition	...	...	...	180	350	202	2
	Uncleanliness	...	...	...	232	1,262	636	281
	(See Table IV., Group V.).							
	Ringworm :							
	Scalp	...	...	...	31	1	384	4
	Body	...	...	...	18	1	371	2
	Scabies	...	...	...	48	2	365	—
	Impetigo	...	...	...	333	12	3,191	5
	Other Diseases (non-Tuberculous)	...	...	...	353	73	2,902	6
	Blepharitis	...	...	...	233	13	573	5
Eye	Conjunctivitis	...	...	...	148	53	764	2
	Keratitis	...	...	...	19	10	87	1
	Corneal Opacities	...	...	...	25	17	104	4
	Defective Vision (excluding Squint)	...	...	...	2,188	755	2,597	93
Ear	Squint	...	...	...	598	202	475	45
	Other Conditions	...	...	...	51	20	432	9
	Defective Hearing	...	...	...	376	33	486	12
	Otitis Media	...	...	...	436	27	1,006	8
Nose and Throat	Other Ear Diseases	...	...	...	134	10	484	7
	Enlarged Tonsils only	...	...	...	422	858	780	54
	Adenoids only	...	...	...	262	54	189	14
	Enlarged Tonsils and Adenoids	...	...	...	2,420	454	1,686	140
Enlarged Defective Teeth	Other Conditions	...	...	...	1,185	65	1,257	19
	Cervical Glands (Non-Tuberculous)	...	...	...	244	209	601	5
	Speech	...	...	...	103	36	57	4
	Dental Diseases	...	...	...	6,832	16	282	1
(See Table IV., Group IV.).								
Heart and Circulation.	Heart Disease :							
	Organic	...	...	...	180	171	153	10
	Functional	...	...	...	49	48	47	5
	Anæmia	...	...	...	492	27	344	8
Lungs	Bronchitis	...	...	...	611	136	637	—
	Other Non-Tuberculous Diseases	...	...	...	91	35	134	8
	Pulmonary :							
	Definite	...	...	...	9	—	24	—
Tuber- culosis.	Suspected	...	...	...	38	22	58	18
	Non-pulmonary :							
	Glands	...	...	...	26	16	122	3
	Spine	...	...	...	—	2	6	—
	Hip	...	...	...	3	1	6	—
	Other Bones and Joints	...	...	...	3	9	11	2
	Skin	...	...	...	11	2	3	1
	Other Forms	...	...	...	2	3	7	2
Nervous System.	Epilepsy	...	...	...	25	26	64	10
	Chorea	...	...	...	53	36	170	10
	Other Conditions	...	...	...	66	140	75	7
	Rickets	...	...	...	270	229	20	11
Deformities	Spinal Curvature	...	...	...	146	122	29	7
	Other Forms	...	...	...	111	87	45	7
	Other Defects and Diseases	...	...	...	1,182	102	9,882	186

B. NUMBER OF *individual children* FOUND AT *Routine* MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS :			
Entrants ... ..	19,085	5,444	28.52
Intermediates ... ..	10,413	3,027	29.07
Leavers ... ..	14,866	4,079	27.37
Total (code groups) ...	44,364	12,550	28.28
Other routine inspections ... ..	—	—	—



TABLE III—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Total.
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	20	24	44
		Attending Public Elementary Schools ... ..	—	—	—
		At other Institutions ...	1	—	1
		At no School or Institution...	—	2	2
	(ii) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind. ...	64	65	129
		Attending Public Elementary Schools ... ..	2	1	3
		At other Institutions ...	—	—	—
		At no School or Institution...	2	1	3
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	73	57	130
		Attending Public Elementary Schools ... ..	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution...	1	—	1
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	17	8	25
		Attending Public Elementary Schools ... ..	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... ..	668	568	1,236
		Attending Public Elementary Schools ... ..	30	12	42*
		At other Institutions ...	—	—	—
		At no School or Institution...	2	2	4
	Notified to the Local Control Authority during the year.	Feeble-minded ... ..	23	19	42
		Imbeciles ... ..	3	1	4
		Idiots ... ..	5	—	5
Epileptics	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...	10	10	20
		In Institutions other than Certified Special Schools ...	—	—	—
		Attending Public Elementary Schools ... ..	1	—	1
		At no School or Institution...	3	3	6
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ... ..	55	50	105
		At no School or Institution...	—	—	—

\* Certified as mentally-defective and awaiting admission to Special Schools, There are in addition 307 boys and 189 girls who have been reported as probably mentally-defective and who await examination.

TABLE III. *Contd.*—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Total.
Physically Defective	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	2	2	4
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	88	67	155
		At Certified Residential Open Air Schools ... ..	—	12	12
		At Certified Day Open-Air Schools ... ..	18	6	24
		At Public Elementary Schools	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
	Delicate children ( <i>e.g.</i> , pre — or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open-Air Schools ... ..	—	68	68
		At Certified Day Open-Air Schools ... ..	71	40	111
		At Public Elementary Schools	3	14	17†
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
	Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... ..	55	41	96
		At Public Elementary Schools	—	—	—
		At other Institutions ...	34	30	64
		At no School or Institution...	11	5	16
	Crippled Children (other than those with active tuberculosis disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools ... ..	44	46	90
		At Certified Day Cripple Schools ... ..	111	106	217
		At Public Elementary Schools	3	6	9
		At other Institutions ...	4	2	6
		At no School or Institution...	50	42	92

† Certified for, and awaiting admission to, Open Air Schools. There are in addition 39 boys and 75 girls who have been recommended for admission thereto and who await examination.

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE  
YEAR ENDED 31ST DECEMBER, 1926.

TREATMENT TABLE.

Group I.—*Minor Ailments* (excluding Uncleanliness, for which see Group V.).

Disease or Defect.  (1)	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme.  (2)	Otherwise.  (3)	Total.  (4)
<i>Skin—</i>		No information.	
Ringworm-Scalp ... ..	531		531
Ringworm-Body ... ..	340		340
Scabies ... ..	154		154
Impetigo ... ..	3,426		3,426
Other skin disease ... ..	2,325		2,325
<i>Minor Eye Defects</i> .. ..	1,447		1,447
(External and other, but excluding cases falling in Group II.).			
<i>Minor Ear Defects</i> ... ..	1,857		1,857
<i>Miscellaneous</i> ... ..	8,097		8,097
(e.g., minor injuries, bruises, sores, chilblains, etc.).			
Total ... ..	18,177		18,177

TABLE IV (Contd.)

*Group II.—Defective Vision and Squint* (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease.	Number of defects dealt with			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint but excluding operations for Squint).	3,798	No Information.		3,798
Other Defect or Disease of the eyes (excluding those recorded in Group I.).	8	—	—	8
Total ... ..	3,806	—	—	3,806

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme.....3,635

(b) Otherwise ..... —

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme.....3,533

(b) Otherwise ..... —

*Group III.—Treatment of Defects of Nose and Throat.*

Number of Defects.

Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
1,486	No information.	1,486	No information.	1,486



TABLE IV. (*Contd.*)*Group IV.—Dental Defects.*

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	{	5	18,856	}	Total, 125,052
		6	21,572		
		7	16,087		
		8	16,114		
		9	17,980		
		10	18,663		
		11	8,759		
		12	4,391		
		13	2,235		
		14	395		

Specials ..... 5,002

Grand Total 130,054

(b) Found to require treatment..... 87,805

(c) Actually treated ..... 34,190

(d) Re-treated during the year as the result of  
periodical examination ..... 14,865

(2) Half-days devoted to { Inspection ... 450 }  
                                    { Treatment...3,250 } Total 3,700

(3) Attendances made by children for treatment 39,410

(4) Fillings { Permanent teeth 16,838 }  
                    { Temporary teeth 10,954 } Total 27,792

(5) Extractions { Permanent teeth 8,661 }  
                    { Temporary teeth 62,898 } Total 71,559

(6) Administrations of general anaesthetics for extractions 8,412

(7) Other operations { Permanent teeth 2,431 }  
                            { Temporary teeth 11,186 } Total 13,617

*Group V.—Uncleanliness and verminous conditions.*

(i.) Average number of visits per school made during the year by the School Nurses.....8.10

(ii.) Total number of examinations of children in the Schools by School Nurses.....312,243

(iii.) Number of individual children found unclean.....24,004

(iv.) Number of children cleansed under arrangements made by the Local Education Authority..... 253

(v.) Number of cases in which legal proceedings were taken :

(a) Under the Education Act, 1921.....Nil.

(b) Under School Attendance Byelaws.....138.

**SECONDARY SCHOOLS**  
AND  
**OTHER INSTITUTIONS FOR HIGHER EDUCATION.**

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TABLE I.—RETURN OF MEDICAL INSPECTIONS.

NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1926, TO 31ST DECEMBER, 1926.

Number of Routine Medical Inspections	...	...	...	...	...	5,300
Number of Special Medical Inspections	...	...	...	...	...	162
Number of Re-inspections	...	...	...	...	...	248
Total						5,710
Number of Individual Children found to require Treatment ..	...	...	...	...	...	1239

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED  
31ST DECEMBER, 1926.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Malnutrition	...	...	...	4	28	—	—
	Uncleanliness	...	...	...	—	—	—	—
	(See Table IV., Group V.).							
	Ringworm :							
	Scalp	...	...	...	—	—	—	—
Eye	Body	...	...	...	—	—	—	—
	Scabies	...	...	...	—	—	—	—
	Impetigo	...	...	...	2	3	—	1
	Other Diseases (non-Tuberculous)	...	...	...	27	21	—	—
	Blepharitis	...	...	...	14	1	—	—
Ear	Conjunctivitis	...	...	...	10	9	1	—
	Keratitis	...	...	...	—	—	—	—
	Corneal Opacities	...	...	...	—	—	—	—
	Defective Vision (excluding Squint)	...	...	...	474	273	1	49
	Squint	...	...	...	4	1	1	—
Nose and Throat	Other Conditions	...	...	...	7	3	—	—
	Defective Hearing	...	...	...	23	5	—	—
	Otitis Media	...	...	...	16	2	—	—
	Other Ear Diseases	...	...	...	13	4	—	—
	Enlarged Tonsils only	...	...	...	55	69	—	1
Teeth—Dental Diseases	Adenoids only	...	...	...	10	—	—	—
	Enlarged Tonsils and Adenoids	...	...	...	71	6	—	2
	Other Conditions	...	...	...	36	5	—	—
	Enlarged Cervical Glands (Non-Tuberculous)	...	...	...	6	2	—	—
	Defective Speech	...	...	...	8	1	—	—
(See Table IV., Group IV.)					544	1	22	11
Heart and Circulation.	Heart Disease :							
	Organic	...	...	...	14	15	2	1
	Functional	...	...	...	6	11	2	2
	Anæmia	...	...	...	64	7	—	—
	Bronchitis	...	...	...	6	—	—	—
Lungs	Other Non-Tuberculous Diseases	...	...	...	1	—	—	—
	Pulmonary :							
	Definite	...	...	...	—	—	—	—
	Suspected	...	...	...	2	1	—	—
	Non-pulmonary							
Tuberculosis.	Glands	...	...	...	1	—	—	—
	Spine	...	...	...	—	—	—	—
	Hip	...	...	...	—	—	—	—
	Other Bones and Joints	...	...	...	1	1	—	—
	Skin	...	...	...	1	—	—	—
Nervous System.	Other Forms	...	...	...	—	—	—	—
	Epilepsy	...	...	...	—	1	—	—
	Chorea	...	...	...	7	5	2	—
	Other Conditions	...	...	...	8	23	—	—
	Rickets	...	...	...	8	2	—	—
Deformities	Spinal Curvature	...	...	...	79	65	2	1
	Other Forms	...	...	...	61	49	1	2
Other Defects and Diseases					127	29	13	3







